

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3986</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Thomas</u> <u>Hummel</u> P.O. Box, Bldg., Room No., if any Street <u>109 Chester Pike</u> City <u>Norwood</u> State <u>PA</u> ZIP Code + 4 <u>19074</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 470</u> Labor Organization File Number <u>041-187</u> P.O. Box, Building and Room Number, if any Street <u>3565 Sepviva Street</u> City <u>Philadelphia</u> State <u>PA</u> ZIP Code + 4 <u>19134</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On
Date Telephone Number

Name of Person Filing	Thomas Hummel	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Teamsters H&W Plan of Phila."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="125 N. 4th Street"/></p> <p>City <input type="text" value="Philadelphia"/></p> <p>State <input type="text" value="PA"/> ZIP Code + 4 <input type="text" value="19106"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Administers Teamsters H&W Plan of Philadelphia & Vicinity"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$0"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Received reimbursement for travel, lodging, and meals for 4 day annual meeting of Board of Trustees from May 2 through May 6, 2004 in Marco Island, FL."/></p> <p>12.b. Amount. <input type="text" value="\$2,855.00"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing	Thomas Hummel	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Teamsters H&W Plan of Phila."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="125 N. 4th Street"/></p> <p>City <input type="text" value="Philadelphia"/></p> <p>State <input type="text" value="PA"/> ZIP Code + 4 <input type="text" value="19106"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Administers of Teamsters H&W Plan of Philadelphia & Vicinity"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$0"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Received reimbursement for travel, lodging and meals for 4 day annual meeting of Board of Trustees from May 2 through May 6, 2004 in Marco Island, FL"/></p> <p>12.b. Amount. <input type="text" value="\$2,855.00"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

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8. Name and address of Business (including trade name, if any).

Name International Federation of Employee Benefits Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18700 W. Bluemond Road

City Brookfield

State Wisconsin ZIP Code + 4 06040

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters H&W Plan of Phila. & Vicinity

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 N. 4th Street

City Philadelphia

State PA ZIP Code + 4 19106

11.a. Nature of such dealing.

IFEP provides educational services to employee benefit plans and their trustees

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Received annual dues and fees and registration for meeting in Atlantic City, NJ.

12.b. Amount.

\$1,282.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	Thomas Hummel	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="SEI Investments"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="One Freedom Valley Drive"/></p> <p>City <input type="text" value="Oaks"/></p> <p>State <input type="text" value="PA"/> ZIP Code + 4 <input type="text" value="19456"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Teamsters Pension and H&W Funds"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="125 N. 4th Street"/></p> <p>City <input type="text" value="Philadelphia"/></p> <p>State <input type="text" value="PA"/> ZIP Code + 4 <input type="text" value="19106"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Manages investments for the Teamsters Pension and H&W Funds of Philadelphia and vicinity"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$272,661.00"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="My wife and I attended a dinner as guests of SEI Investments during the annual meeting of the Board of Trustees of the Teamsters Pension and H&W Funds in Marco Island, FL in May 2004"/></p> <p>12.b. Amount. <input type="text" value="\$220.00"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input type="text"/></p>

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8. Name and address of Business (including trade name, if any).

Name Teamsters Pension Plan of Phila.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 N. 4th Street

City Philadelphia

State PA ZIP Code + 4 19106

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Administers Teamsters Pension Fund of Philadelphia & Vicinity

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Received reimbursement for travel, lodging, and meals for 4 day annual meeting of the Board of Trustees from May 2 through May 6, 2004 in Marco Island, FL

12.b. Amount.

\$2,855.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Thomas Hummel	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name International Foundation of Employee Benefits Plans</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 18700 W. Bluemond Road</p> <p>City Brookfield</p> <p>State Wisconsin ZIP Code + 4 06040</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Teamsters Pension Plan of Phila.</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 125 N. 4th Street</p> <p>City Philadelphia</p> <p>State PA ZIP Code + 4 19106</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> IFEP provides educational services to pension Fund and their trustees </div> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Received annual dues and registration for meeting in Atlantic City, NJ </div> <p>12.b. Amount. \$1,282.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> </div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>